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Bib Data Sheet

CONFIRMATION NO. 5989

SERIAL NUMBER 09/973,450	FILING OR 371(c) DATE 10/09/2001 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 1230
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APPLICANTS

James F. McGuckin JR., Radnor, PA;
 Peter W.J. Hinchliffe, Downingtown, PA;

** CONTINUING DATA *****

This appln claims benefit of 60/240,009 10/13/2000
 and claims benefit of 60/278,361 03/23/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 11/08/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 21	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

Neil D. Gershon
 Chief Patent Counsel
 Rex Medical
 1011 High Ridge Rd
 Stamford, CT 06905

TITLE

METHODS OF IMPLANTING COVERED STENTS WITH SIDE BRANCH

FILING FEE RECEIVED 859	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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